STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155286	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 05/05/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON VILLAGE	200 KINGSTON CIR LIGONIER, IN 46767

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F000000	This visit was for the Investigation of Complaint IN00148619. Complaint IN00148619-Substantiated, no deficiencies related to the allegations are cited. Unrelated deficiencies are cited at F 225 and F 226. Survey Date: May 2 & May 5, 2014 Facility number: 000184 Provider number: 155286 AIM number: 100267210 Survey team: Angela Strass, RN Census bed type: SNF/NF: 55 Total: 55 Census payor type: Medicare: 7 Medicaid: 39 Other: 9 Total: 55 Sample: 3 These deficiencies also reflect	F000000	Requesting paper review IDR for F225 and F226 to delete citations as we believe deficiency should not have been cited. Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies.This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	state findings in accordance with 410 IAC 16.2. Quality review completed on May 7, 2014 by Randy Fry RN.			
F000225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in			

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	progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. Based on record review and interview, the facility failed to report to the Indiana State Department of Health an incident of first degree burns for 1 resident (A) of 3 records reviewed, who was smoking while using oxygen. Finding Includes: On 5/2/14 at 1:30 p.m. review of the clinical record for resident (A) indicated he was admitted to the facility on 1/9/14 with Diagnoses including but not limited to Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, and Obesity. Review of the clinical record indicated the resident was alert and oriented, but had recently declined and was experiencing confusing due to low oxygen saturation. Review of an incident , dated 2/24/14 indicated resident (A) had	F000225	Requesting paper review IDR for F225 and F226 to delete citations as we believe deficiency should not have been cited. F2251. There were no residents affected by not reporting said incident. Initial and follow up report has been sent to ISDH. Resident in reportable no longer resides in the facility. 2. All residents have the potential to be affected. ED educated DNS on Reportable Guidelines on 5-5-14. Nurses notes were immediately reviewed for any and all allegations to be reported with no concerns noted. Any resident concerns which meet the reporting guidelines will be reported to ISDH per protocol. 3. ED to educate DNS on Reportable Guidelines on 5-5-14. ED or designee to monitor nursing notes daily to ensure any and all reportable incidents are reported per ISDH guidelines. 4. To ensure compliance, the ED or Designee is responsible for completing the CQI reporting requirement form weekly times 4 weeks then every 2 weeks times 4 weeks then monthly for at least	05/13/2014

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	notified staff he was going outside for a few minutes. The resident returned to the inside of the building and notified the nurse he had lit a cigarette while wearing his oxygen and flames had shot up and burned his face. The nurse assessed the resident and found his facial hair had been singed, and he had areas of pink color with no blistering or open areas. The physician and family were notified of the situation and the physician gave an order for "Silvadene to areas every shift". On 5/2/14 at 2:00 review of documentation dated 2/24/14 indicated "Resident continues to have left cheek burn. Left cheek burn was pink in color. Skin was intact. No discharge or blistering noted to area. Resident also continues to have above upper lip burn. Facial moustache also continues to be singed in appearance. Area underneath facial hair was dark pink in color. Skin was intact. Left and right nares were also dark pink in color. No exudate or discharge noted. Areas were cleansed and Silvadene treatment continues to be in place. Resident stated, "I will never smoke again."		6 months. The form will be reviewed during facility CQI meeting. If 100% threshold is not achieved an action plan will be developed. 5. Completion date: 5/13/14	

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	On 5/2/14 at 2:30 p.m. interview with the Director of Nursing (DON) indicated the building was "non-smoking". She indicated there were 3 residents who were "Grandfathered" in but indicated resident (A) was not one of those 3 residents. Further interview indicated resident (A) had hid the cigarette and lighter and went outside by himself after telling staff he was going outside for some fresh air. The DON was queried if the incident had been reported to the State Agency and she indicated it had not been reported. On 5/5/14 at 2:30 p.m. review of the "Resident and Visitor Unusual Occurrences Policy" which was not dated, indicated the following: "An unusual occurrence/event is defined as any happening not consistent with the routine operation of the nursing facility, which may have caused or may have the potential for causing injury to residents, visitors, or loss or damage of property. Verbal dissatisfaction voiced by residents or visitors may be considered reportable events. All unusual occurrences are to be viewed as			

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	serious for purposes of investigation and follow-up. The individual facility must weigh all relevant facts when determining the severity of unusual occurrences/events. When a reasonable doubt exists regarding whether an event is serious or not, the event should be considered serious. Serious events: Serious events fall into one or both of two categories. 1) Occurrences that result in resident or visitor injuries and/or death: and 2) Occurrences that are likely to result in claims loss. Serious events are categorized into two groups that designate to whom the events are to be reported. A. Events that are required to be reported to the Director of Operations, DNS Specialist, and Director of Clinical Services and ISDH (Indiana State Department of Health). These events must be reported to the ISDH within 24 hours of occurrence and followed by a written report within 5 days of the occurrence. Consultation with the Director of Operations, DNS Specialist, Director of Clinical Services must occur prior to			

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	reporting to ISDH." 3.1-28(c)			
F000226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on record review and interview, the facility failed to follow their policy and procedure for reporting to the Indiana State Department of Health an incident of first degree burns for 1 resident (A) of 3 records reviewed, who was smoking while using oxygen. Finding Includes: On 5/2/14 at 1:30 p.m. review of the clinical record for resident (A) indicated he was admitted to the facility on 1/9/14 with Diagnoses including but not limited to Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, and Obesity. Review of the clinical record indicated the resident was alert and oriented, but had recently declined and was experiencing confusing	F000226	Requesting paper review IDR for F225 and F226 to delete citations as we believe deficiencies should not have been cited. F2261. There was 1 resident affected by this practice. Initial and follow up report has been sent to ISDH. Resident in reportable no longer resides in the facility.2. All other residents have the potential to be affected. Grounds were searched with no other cigarettes found. All residents were informed of the smoking policy. Random alert and oriented residents were interviewed with no concerns noted. Nurses notes were immediately reviewed for any and all allegations to be reported to ISDH per protocol. ED educated DNS on reportable guidelines on 5-5-14. Staff educated on reporting incident policy by ED on 5-13-14.3. Staff educated on the reporting incident policy by ED on 5-13-14. All family members will be informed upon admission to refrain from bringing in any	05/13/2014

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	due to low oxygen saturation. Review of an incident , dated 2/24/14 indicated resident (A) had notified staff he was going outside for a few minutes. The resident returned to the inside of the building and notified the nurse he had lit a cigarette while wearing his oxygen and flames had shot up and burned his face. The nurse assessed the resident and found his facial hair had been singed, and he had areas of pink color with no blistering or open areas. The physician and family were notified of the situation and the physician gave an order for "Silvadene to areas every shift". On 5/2/14 at 2:00 review of documentation dated 2/24/14 indicated "Resident continues to have left cheek burn. Left cheek burn was pink in color. Skin was intact. No discharge or blistering noted to area. Resident also continues to have above upper lip burn. Facial moustache also continues to be singed in appearance. Area underneath facial hair was dark pink in color. Skin was intact. Left and right nares were also dark pink in color. No exudate or discharge noted. Areas were cleansed and Silvadene		smoking materials. All residents are educated upon admissionof the smoking policies. ED or designee to monitor nursing notes daily to ensure any and all reportable incidents are reported per ISDH guidelines.4. To ensure compliance, the ED or Designee is responsible for completing the CQI reporting requirement form weekly times 4 weeks then every 2 weeks times 4 weeks then monthly for at least 6 months. The form will be reviewed during facility CQI meeting. If 100% threshold is not achieved and action plan will be developed.5. Completion Date 5/13/14	

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	treatment continues to be in place. Resident stated, "I will never smoke again." On 5/2/14 at 2:30 p.m. interview with the Director of Nursing (DON) indicated the building was "non-smoking". She indicated there were 3 residents who were "Grandfathered" in but indicated resident (A) was not one of those 3 residents. Further interview indicated resident (A) had hid the cigarette and lighter and went outside by himself after telling staff he was going outside for some fresh air. The DON was queried if the incident had been reported to the State Agency and she indicated it had not been reported. On 5/5/14 at 2:30 p.m. review of the "Resident and Visitor Unusual Occurrences Policy" which was not dated, indicated the following: "An unusual occurrence/event is defined as any happening not consistent with the routine operation of the nursing facility, which may have caused or may have the potential for causing injury to residents, visitors, or loss or damage of property. Verbal dissatisfaction voiced by residents			

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	or visitors may be considered reportable events. All unusual occurrences are to be viewed as serious for purposes of investigation and follow-up. The individual facility must weigh all relevant facts when determining the severity of unusual occurrences/events. When a reasonable doubt exists regarding whether an event is serious or not, the event should be considered serious. Serious events: Serious events fall into one or both of two categories. 1) Occurrences that result in resident or visitor injuries and/or death: and 2) Occurrences that are likely to result in claims loss. Serious events are categorized into two groups that designate to whom the events are to be reported. A. Events that are required to be reported to the Director of Operations, DNS Specialist, and Director of Clinical Services and ISDH (Indiana State Department of Health). These events must be reported to the ISDH within 24 hours of occurrence and followed by a written report within 5 days of the occurrence. Consultation with			

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	the Director of Operations, DNS Specialist, Director of Clinical Services must occur prior to reporting to ISDH." 3.1-28(a)			